STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING _____ B. WING _____	C 03/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNSEITH COM NURSING HOME	**15 1ST ST NE DUNSEITH, ND 58329**

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F 000	INITIAL COMMENTS For the unannounced complaint survey conducted March 27-28, 2017, the sample included four (4) residents and two (2) closed records for focused review.	F 000		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that	F 309		4/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/17/2017

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F 309	Continued From page 1 residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional literature, and resident and staff interviews, the facility failed to ensure 1 of 1 sampled resident (Resident #1) diagnosed with silent aspiration received the care and services necessary to maintain safe oral intake. Failure to ensure Resident #1 received thickened liquids and/or received education regarding the rational behind the recommendation for the thickened liquids placed him at high risk of aspiration/developing pneumonia. Findings include: Nancy B. Swigert, "The Source for Dysphagia: Third Edition", LinguiSystems, Inc (2007), the educational handouts, identified, ". . . Thickened liquids are easier to keep together . . . [and] move more slowly . . . giving the larynx more time to close and protect the airway. . . . up to 40-70% of patients who aspirate are silent aspirators, meaning that food or liquid may enter the airway through the larynx with absolutely no reaction by the patient. . . . Silent aspirators show no clinical signs [throat clearing/coughing] of aspiration. . . ." Review of Resident #1's medical record occurred on March 27-28, 2017. Diagnoses included cervical spine surgery resulting in dysphagia/silent aspiration and PEG (feeding) tube placement.	F 309	1. For Resident #1 the following have been completed: the resident tray card had been updated to reflect the correct/current diet and his care plan has been updated to reflect the current diet. He was educated on his diet and the recommendations from his swallow study at his care plan conference on 04-06-17. He agreed to try the thickened liquids at that time. The dietician will be speaking to him on 04-14-17 to further explain and answer any questions he may have. This documentation will be reflected in his medical record. 2. All residents have the potential to be affected by this deficient practice. 3. a.) The current Diet Orders Policy and Procedure is being reviewed and revised. The dietary staff and the nursing staff will be inserviced regarding the policy/procedure during the week of 04/17 to 04/21/17. The staff will also be educated on what to do if a resident does not accept the diet that has been ordered for them. (documentation, care plan, reporting to provider, education) b.) All residents current tray cards will be reviewed to assure they are accurate and reflect the current diet that is ordered. All residents care plans will be reviewed to assure they are accurate and reflect	

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F 309	Continued From page 2 A physician's progress note, dated 12/29/16, identified, ". . . Cervical spine surgery in early 2016 with some complications resulting in dysphagia and aspiration . . . gradually improving over time. Increase p.o. [oral] intake of clear fluids . . . and decrease tube feedings . . ." A repeat swallow evaluation report, dated 02/21/17, identified, ". . . Current Method of Nutrition: . . . PEG tube primary; pt [patient] consumes some thin liquids orally . . . Assessment: . . . When the swallow was triggered, airway closure was incomplete . . . This resulted in penetration and aspiration of thin liquids during the swallow. Pt did not cough or clear his throat in response to aspiration, thus aspiration of thin liquids was silent. . . . Recommended Diet: . . . nectar thick liquids, puree diet pleasure feeds [feedings]/snacks. Cont. [continue] with PEG for primary nutrition/hydration. . . . Swallow Strategies Recommended: Multiple swallows, Small bites of food, Small sips of liquid . . ." A physician's progress note, dated 02/23/17, identified, ". . . See current speech therapy . . . video swallow evaluation. . . . Speech therapy recommended adjustment in his diet, and order is already implemented. He will remain on PEG tube feedings at his current rate. . . ." The current physician's orders identified, ". . . Nectar thickened liquids (remind to swallow twice) Start pureed pleasure feedings . . ." During an interview on 03/28/17 at 8:12 a.m., a dietary staff member (#1) reported, "[Resident	F 309	the current diet. 4. 04-21-17 5. Dietary Manager/Designee will perform a quality monitor on resident tray cards and care plans for changes in diet orders to assure accuracy weekly x 1 month, biweekly x 2 months, monthly x 3 months starting 04-03-17. Dietary Manager/Designee will make adjustments from the information gathered. The results of this monitor will be reported at the scheduled Quality Assurance Meeting. Next meeting scheduled 04-27-17. If concerns are identified, immediate correction action will be implemented.	

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F 309	Continued From page 3	F 309		

#1] didn't eat [breakfast]. He just wanted coffee." When asked whether Resident #1 received thin or thickened liquids, a second dietary staff member (#2) stated, "No, not thickened, just regular [thin] coffee." The two dietary staff members (#1 and #2) located Resident #1's current tray card and showed it to the surveyor. The card read, ". . . Clear w [with]/ juice, ensure clear, clear liq [liquid] chicken . . . wants broth made with chicken base. . . ." The card failed to address and the dietary staff members were unaware of the recommended downgrade in consistency to nectar thickened liquids.

Observation on 03/28/17 at 8:16 a.m. showed Resident #1 sitting in his wheelchair in the hallway holding a coffee mug. When asked if he received thin or thickened liquids, he stated, "It's regular coffee. . . . it's unthickened. I can have regular [liquids]."

The current care plan addressing Resident #1's individualized nutritional needs identified, ". . . 10/30/16 . . . resident [to] only have clear liquids . . . no solids . . . aspiration precautions. Staff will monitor residents ability to swallow and tolerate liquids [sic] . . ." The care plan failed to address the recommended downgrade in consistency to nectar thickened liquids.

During an interview on 03/28/17 at 8:36 a.m., an administrative nurse (#3) confirmed the "orders say thickened liquids and puree foods. [The] dietary card matches the first study. The care plan matches the first study too - clear liquids, not thickened liquids," confirming the dietary card and care plan had not been revised to indicate Resident #1 was to receive thickened liquids and

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F 309	Continued From page 4 puree foods. At 9:10 a.m., the administrative nurse (#3) reported, "I saw one dietary note, but I didn't see where [the dietitian] educated him on why the thickened liquids were important. I didn't see anything in the nurses notes." A nutritional progress note, dated March 2017, identified, ". . . [Resident #1] does not want thickened liquids. . . ." This was the only documentation found in Resident #1 medical record indicating he did not wish to receive thickened liquids. During an interview on 03/28/17 at 11:30 a.m., a nurse (#4) described Resident #1 as being "phlegmy at times," and reported, "never [hearing] a deep cough." The facility failed to ensure staff were aware of Resident #1's diet restrictions and failed to identify/document Resident #1's non-compliance with the recommended downgrade in consistency to nectar thickened liquids. They also failed to document their attempts to educate Resident #1 on the rational behind the recommended thickened liquids and/or his increased risk of aspiration/possible pneumonia.	F 309		
F9999	FINAL OBSERVATIONS The complaint issues regarding failing to assess the resident's change in condition in a timely manner, ensure the resident's safety (falls), notify the family of a change in the resident's medication regime and/or falls, ensure the resident received medications per physician's order, ensure medications were properly administered, comply with the family's request for comfort cares, and to provide the family with	F9999		

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F9999	Continued From page 5 contact information for the local Ombudsman, could not be substantiated.	F9999		